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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) FLH-11102/29	
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">In re Application of Mark Falahee</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div>Application Number 10/805,900-Conf. #1949</div> <div>Filed March 22, 2004</div> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">For POSTERIOR SPINAL RECONSTRUCTION SYSTEM</div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 5px;"> <div>Art Unit 3733</div> <div>Examiner M. C. Hoffman</div> </div>			
<p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ <u>510.00</u></p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ <u>255.00</u></p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>07-1180</u>. I have enclosed a duplicate copy of this sheet.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p><input type="checkbox"/> applicant /inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>37,424</u></p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____</p> </div> <div style="width: 45%; text-align: center;"> <p>_____ /John G. Posa/ Signature</p> <p>_____ John G. Posa Typed or printed name</p> <p>_____ (734) 913-9300 Telephone number</p> <p>_____ July 9, 2008 Date</p> </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p>			
<p><input type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>			